

Publicity Waiver

2009 Science Olympiad National Tournament
AUGUSTA STATE UNIVERSITY
May 13 - 16, 2009

I grant permission to the directors, assistants, or other persons associated with Augusta State University and the National Science Olympiad Organization to use images of me taken throughout the duration of the Science Olympiad National Tournament from May 13-16, 2009.

I understand that, if used, these images will be employed to promote Augusta State University, as well as current and future Science Olympiad Tournaments.

By this authorization, I understand and agree that I will NOT receive remuneration and that all rights, title and interest to the images and use of them belongs to the Augusta State University.

I also understand that members of the press may request an interview and that I have the right to decline such interview. This agreement is in effect for May 13-16, 2009 for the Science Olympiad National Tournament being held at Augusta State University.

I give my consent to the conditions that have been stated above.

DATE: _____

PARTICIPANT SIGNATURE : _____

PARTICIPANT NAME (PRINT): _____

ADDRESS: _____

PHONE: _____

If participant is under 18 years old, then his/her parents or guardian must sign below:

PARENT/GUARDIAN SIGNATURE: _____

PARENT/GUARDIAN NAME (PRINT): _____